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THE BATTLE OF CHATTANOOGA.

U. S. SANITARY COMMISSION,
LOUISVILLE, KY., *Dec. 7th*, 1863.

DR. J. F. JENKINS,
General Secretary, New York:

MY DEAR DOCTOR—I have just returned from Chattanooga where I have passed the last two weeks, and from a tour of inspection through the chain of agencies of the Commission which extend from Louisville to that point. It chanced, luckily enough, that I was at Chattanooga through all the exciting scenes of the recent battles, and was able to contribute something to the success which attended the efforts of the Agents of the Commission to relieve the wants and sufferings of the wounded.

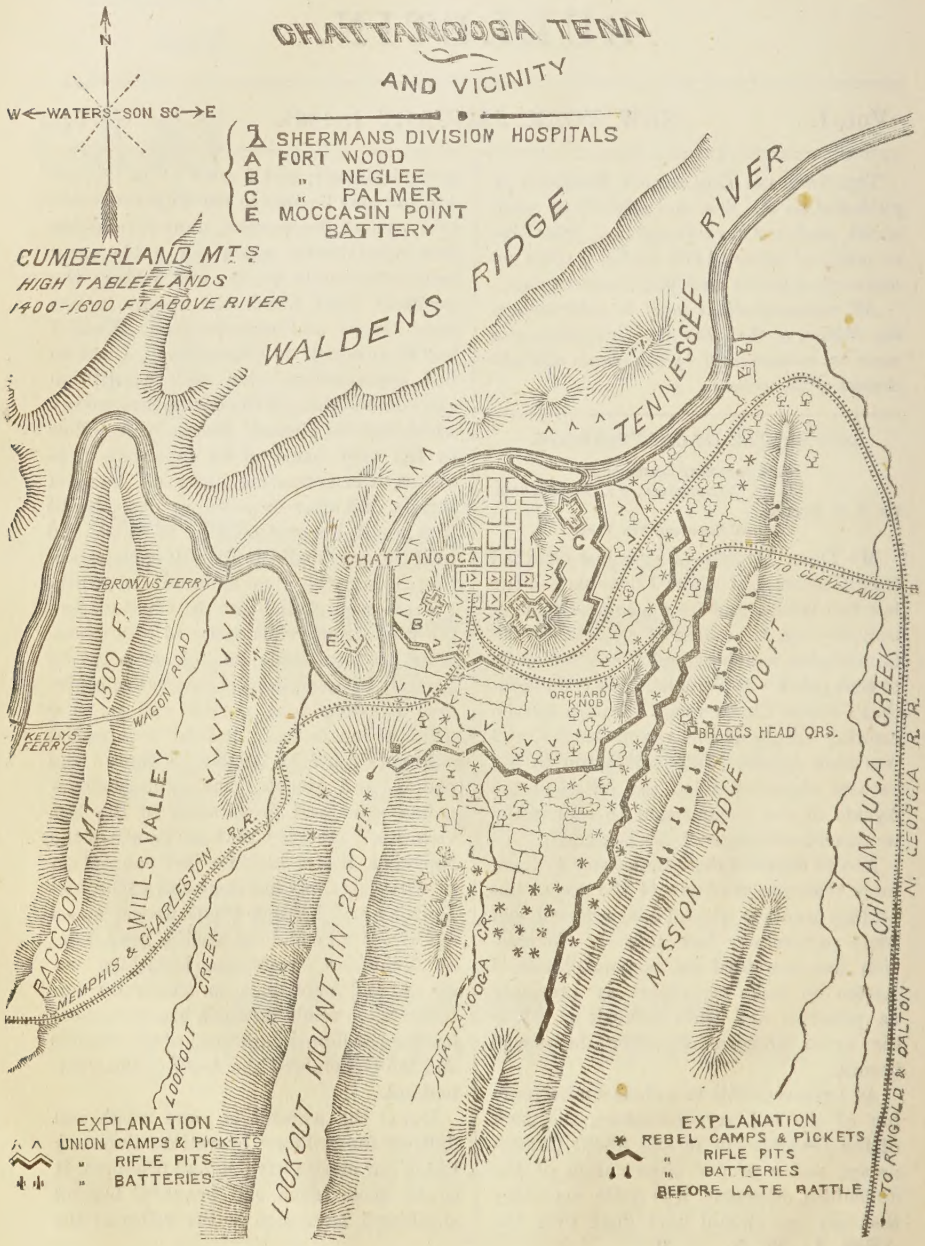
As you are doubtless impatient to learn more than you yet know of the recent important events to which I have referred, and more particularly how fully the Commission has sustained its responsibilities, I hasten to make my report as promptly as possible, and shall make it as full as the great pressure of other duties will permit.

As a pre-requisite to a clear understanding of the military operations, the work of the Commission in and about Chattanooga, and a proper appreciation of the difficulties overcome, it is quite necessary that any one should have gone over the ground himself; and I trust at no distant day you may be able to see with your own eyes some of the enemies, more formidable than rebel hosts, which our noble army have overcome in gaining and holding the positions from which the recent battles were fought and victories won. Until I had been myself to Chattanooga, I had no just appreciation, even with description after description, of the daring and energy which had led General Rosecrans to follow to the very heart of its mountain fastnesses, the retreating army of General Bragg; and after overcoming obstacles at first sight insurmountable, to seize and hold the key to all the lines of communication through this great mountain-labyrinth.

From near Tullahoma to Chattanooga, the whole interval is occupied with mountains of formidable height, terminating laterally in precipitous escapements, separated by deep and narrow valleys, over which even a footman finds his way painful and perilous. In justice to those who planned and executed the military movements prior and preparatory to the late victories, I must say that our people of the Northern States have no just conception of what our army has done and suffered in reaching and holding Chattanooga; and I am sure if all could see what I have seen, of difficulties overcome, hardships endured, and privations so cheerfully suffered, there would be much less than there has been of flippant criticism of the soldiers and the Generals of the Army of the Cumberland.

But if the country is more rough and difficult for military operations than any which our armies have before occupied, it is also picturesque and beautiful beyond anything I have seen in the valley of the

Mississippi, and its climate, judging by the specimens we had of it, is in the highest degree delightful and salubrious. Chattanooga itself must have been, before cursed and blasted by rebellion, one of the most charming places on the continent. It stands in the valley of the Tennessee, shut in on all sides by picturesque mountains, from a thousand to two thousand feet in height, while the town itself is in part



perched on eminences of two or three hundred feet, from which the lowlands, reaching to the base of the mountains, are all clearly visible. When, therefore, I tell you that the last battles were fought in a semicircle around the points of view in the plain or on the mountain side, never more than three miles distant, you will concede that those of us who were present enjoyed an opportunity of witnessing military evolutions—all the varied phases of attack and defence by artillery and infantry, of assault and repulse, of victory and defeat—such as has fallen to the lot of few since Priam watched the struggle between the Greeks and Trojans from the walls of Troy.

Of the battles themselves, I do not now propose to say much, as it will be foreign to my purpose, and they have already been described to you in the letters of Army Correspondents and the admirable telegraphic summary of General Meigs—so fully that it would scarcely be desirable if possible. I, however, enclose a topographical map, which made at Chattanooga, more fully and accurate than any yet published. With this and the descriptions you have at command, you will be able clearly to comprehend the successive steps by which our army secured its final victory, and appreciate, in some measure, the daring bravery of our troops in scaling the heights of Lookout Mountain and Mission Ridge.

My business, however, is with the noble spirits who *fell* in these glorious charges, and it is with no ordinary satisfaction that I can say that, thanks to the proximity of the battle-fields to suitable receptacles for the wounded, and to the wisdom and energy displayed by the Medical Officers, and last, not least, the prompt and potent aid that the Sanitary Commission with its abundant stores was able to render, none of those cases of neglect or protracted suffering which have been considered as inseparable attendants upon the carnage and confusion of battle-fields, so far as I know, were permitted to occur. I am quite sure that I do not exaggerate when I say that the wounded in no considerable battle since the war began have been so well and promptly cared for; and I can say also with equal confidence, that the aid rendered by the Sanitary Commission has never been more prompt and efficient, more heartily welcomed, or more highly appreciated.

Owing to the difficulties of transportation—difficulties which had prevented the issue of full rations to the army since the battle of Chattanooga—our stock on hand previous to the battle was not as large as I could have wished; but we were accorded even more than our full share of such facilities for transport as were at command of the Quartermaster's Department, and fresh supplies of the most needed articles, including all the staple battle-stores, continued to arrive, so that our warehouse was constantly replenished, and every requisition was promptly filled. Of concentrated beef, milk, stimulants of various kinds, compresses, bandages, dried fruit, vegetables, shirts and drawers, we had a sufficient supply to meet every demand.

In order that you may see precisely how our work was done, permit me to take up, in the order of their succession, the principal events connected with it during my stay at Chattanooga.

Toward midnight of Saturday, the 20th of November, in company with Dr. Soule, I arrived at Kelly's Ferry, ten miles below Chattanooga. Here we were hospitably entertained by our agent, Mr. Sutliffe. As I shall have occasion to return to this point in the course of my narrative, I will for the present defer reference to the great good which he has been doing here. On Sunday morning we started for Chattanooga on foot. Kelly's Ferry was at this time the head of navigation—the river being blockaded above by the rebels—and all supplies were transported from this point in wagons. As a consequence, we found the road blocked up for miles by trains going and returning, all hurrying to accomplish their almost impossible duty of preventing the army above from perishing by actual starvation. Crossing Raccoon Mountain, we came into Will's Valley, where we found Hooker's forces occupying the vantage-ground gained by their night descent of the river, and came into full view of the rebel encampments on the side, and rebel batteries on the summit of Lookout Mountain. From the latter, from time to time, came a puff of white smoke, and the sullen boom

of the forty pound Parrots, which had continued day after day to throw shells, fortunately without practical result, sometimes into Chattanooga above, sometimes into Will's Valley below their commanding position. Descending the valley, we crossed the river at Brown's Ferry, and traversing an isthmus some two miles in width, recrossed the river to the town. At this time large detachments of Sherman's forces were leaving their encapment in Will's Valley and moving up the river, nobody knew whither.

In Chattanooga I found our Agency in charge of Mr. C. Read, occupying fine rooms which, with characteristic partiality, the authorities had assigned to our use by displacing the Chief of Police who had previously occupied them. Soon after my arrival I called on the Medical Director, Dr. Perin, by whom I was most cordially received, and was gratified to hear him express not only a high respect and appreciation for the Commission, but bear strong testimony to the value of our Agency at this point, to him and to the army, as well as to the energy and discretion of our chief representative, Mr. Read. The corps of agents on duty here were as follows: M. C. Read in charge; Rev. W. F. Loomis, hospital visitor; F. R. Crarey, store-keeper, with two detailed men as assistants; M. D. Bartlett, agent of hospital directory; A. H. Sill, transportation clerk. With Mr. Read, I called at several of the headquarters, and from all the officials heard only kind words for the Commission, and assurances of their readiness to co-operate with it by all means in their power.

Chattanooga was formerly a town of about 4,000 inhabitants, containing some fine public buildings and many pleasant residences, with ornamented grounds and groves of beautiful trees; but it is now terribly desecrated and defaced, fences of all enclosures gone, fruit and ornamental trees alike cut down for fire-wood, all vacant spaces covered with huts and tents, the more prominent points crowned with strong fortifications, the whole surrounded by rifle-pits and lines of circumvallation.

On Sunday evening a large part of the 11th Army Corps came up from below, passed through the town, with three days' rations in their haversacks, and took their position, without tents or baggage, in front of the fortifications. On Monday our forces moved out, formed in double line of battle, with a front several miles in length, posted reserves in the rear, threw out skirmishers, and made a general advance, taking possession of the first line of the enemy's entrenchments, and occupied Orchard Knob in the centre of the valley, on which batteries were planted. This advance was made in excellent order, and the ambulances following close in the rear and through the skirmishing, extended along the whole line. The number of wounded was comparatively small, and they were immediately picked up and carried to the hospitals in time. On Tuesday, General Sherman having crossed the river three miles above, advanced, and without serious opposition took possession of the north end of Mission Ridge.

On the morning of the same day General Hooker moved up from Will's Valley and attacked the rebel forces occupying Lookout Mountain, and by a most daring assault gained possession of all the northern portion, with the capture of many prisoners and the loss of 250 killed and wounded. The latter were immediately carried to the hospital established near his headquarters, where they were well cared for by their own officers, supplies being sent to them from our depot at Kelly's Ferry near by. Early the next morning Mr. Read and Mr. Sill went down and saw that all the aid which the Commission could render was furnished them.

On Tuesday night the north ends of Lookout Mountain and Mission Ridge were aglow with the camp-fires of our forces, and we had the satisfaction of knowing that by the brilliant achievements of the morning the blockade of the river was raised, and advantages had been gained which promised important results in the impending struggle of the morrow.

Wednesday morning our flag floated from the summit of Lookout, and our forces advanced on the rebel stronghold of Mission Ridge, from our right, left, and front. After much severe fighting on our left, in which Sherman's forces suffered very heavy loss, the rebel entrenchments along the

base of Mission Ridge were stormed by our advancing lines, and then began that perilous but glorious ascent of its slope of 1,000 feet at six different points, which so surprised and appalled the rebel garrison, and has covered with glory the brave men who dared attempt it. After an hour of suspense, inexpressibly painful to the thousands who were merely powerless spectators, the summit was gained and held, the roar of the forty pieces of artillery which crowned it was suddenly silenced, and we knew that a great victory had been won.

Two wagons had been secured beforehand, with which to transport stores to any point where they might be required; but no part of the battle-field being more than three miles distant from headquarters, and ample provision having been made by the Medical Director for the immediate removal of the wounded to hospital, they were held in readiness to use, if needed, while Mr. C. Read and myself, with a small supply of stores, went over to the battle-field along the middle line of Mission Ridge, and Mr. Loomis went toward the northern end, to see if any help were required by the wounded of Sherman's Corps. By midnight all the union wounded men on that part of the field which we visited had been transferred to hospital, and such of the rebels as remained in the houses to which they had been carried had received all the aid we could give them, and so at 1 o'clock we returned to the town. Just as we arrived, Mr. Loomis came in and reported that the wounded of the 15th Army Corps had all been gathered into the Division Hospitals, but that their expected supplies had not arrived, and they were greatly in need of our assistance. A wagon load of milk, beef, crackers, tea, sugar, stimulants, dressings, &c., was immediately dispatched to them, and was, as may be imagined, of priceless value.

Early the next morning, Thanksgiving Day, Mr. Read and myself visited the hospitals of the 2d, 3d and 4th Divisions of the 15th Army Corps, situated three miles up the river. The 4th, containing the largest number of wounded, (399,) we found pretty well supplied, for the time being, with the stores we had sent up the night before; but these were rapidly disappearing, and, at our suggestion, another load was sent for and received during the day. The 2d and 3d Division hospitals, situated on the bank of the river, containing respectively 75 and 230 patients, had received up to this time no other supplies than such as had been carried in their medicine wagons, sufficient to meet the first wants of the wounded, but by this time almost entirely exhausted. Just as I was offering to Dr. Rogers, the Surgeon in charge of the 3d Division hospital, the resources of the Sanitary Commission, one of the assistant surgeons approached and said to him, "Doctor, what shall we do? Our supplies have not arrived, our men are lying on the ground, with not blankets enough to make them comfortable. We've no stimulants, or dressings, or proper food. Now, if the Sanitary Commission only had an agent here, we should be all right." I was happy to inform him that the spirit he invoked had come at his call, and when I promised that in an hour's time he should have concentrated beef, milk, stimulants, dressings, fruit, vegetables, clothing, bedding and some ticks stuffed with cotton, his satisfaction shown from every feature, and both he and the surgeon in charge spontaneously ejaculated, "Bless the Sanitary Commission"—an institution of which they had abundant experience on the Mississippi, where the kind and efficient ministrations of Dr. Warriner were remembered with pleasure and gratitude. At the 2d Division hospital I met two old professional friends, Dr. Potter, the Division surgeon, one of the most efficient medical men in the service, and Dr. Messinger, formerly from Cleveland, Ohio. The meeting, I think, was mutually pleasant, and Dr. Potter, who was just mounting his horse to follow his division, expressed great satisfaction in leaving his men with some other resources than the light stock of supplies which they had brought in their wagons all the way from the Mississippi, and most of which must be immediately hurried to the advance, for other battles were impending. All these hospitals continued to be supplied from day to day with such things as were needed.

In these remarks I would not be under-

stood as implying any neglect on the part of the responsible medical authorities, for I have only to say that Gen. Sherman's Medical Director is Surgeon Moore, U. S. A., to give all who know this officer assurance that his duty was done fully and well; but as a consequence of the difficulties of transportation, to which I have referred, and which especially affected the newly-arrived troops, his supplies were delayed, and there was an opportunity for the Commission to render its assistance in the manner I have described.

On Thanksgiving afternoon occurred the bloody fight at Ringgold, in which we lost, in killed and wounded, 500 men. Most of those wounded were soon brought into Chattanooga, but our stores, which were promptly sent, and in abundance, reached them in good time, and became of great value to them.

During the week succeeding these battles, through which I remained at Chattanooga, large quantities of stores were daily issued from our rooms to all the hospitals in the vicinity; timely arrivals of the more important articles compensating for the heavy drafts made on our stock. Of the kind and quantity of goods thus issued, you will, in due time, get a full account from the storekeeper, Mr. Crarey.

The subsequent advance of our forces towards Knoxville was accompanied by two of the three steamers plying on the river, both loaded with supplies. By this means our transportation was again reduced to its minimum, and for a few days, in common with all departments of the army, we shall be able to get forward a smaller quantity of supplies than could be advantageously used. We can calculate, however, upon a continuance of the cordial co-operation of Gen. Meigs, Dr. Perin, and the other military and medical authorities, and the good work which we have been doing will not be allowed to languish.

Before leaving Chattanooga, I must again express my high appreciation of the professional and official merit of the responsible heads of the medical department, Dr. Perin, Medical Director of the Department of the Cumberland, and Dr. Finley, Post Medical Director, as also of the earnest and faithful corps of surgeons by whom their efforts in behalf of the wounded have been so ably seconded. At the risk of seeming to see all the workings of the medical department at this point *en couleur de rose*, I must say, that no instance of incompetence or unfaithfulness was revealed by my observations; but, on the contrary, I found very much to admire in the zeal and success exhibited by all the corps of surgeons, who, with inadequate accommodations and limited materials, were able to make the wounded more immediately and entirely comfortable than could have been expected or hoped. I am sure it would have quieted some of the fears entertained by our people in regard to the faithfulness of surgeons and nurses if they could have seen with what sincere gratitude they accepted at our hands the means of administering to the wants of the poor fellows in their charge; and frequent visits to the hospitals showed me that the wounded soldiers did actually receive and greatly profit by the gifts of our loyal women of the North. Whatever may have occurred at other times and places, I am sure that after the battle of Chattanooga there was neither the opportunity nor inclination, on the part of surgeons or nurses, to misappropriate stores furnished by the Sanitary Commission; and the Metropolitan Police, who enabled us to distribute to the sufferers the rare and much prized gifts of sound, fresh lemons. The loyal women who stitched the shirts and drawers, who rolled the bandages and made the arm-slings; the Aid Societies and Branch Commissions who have sent us so liberally of dried and canned fruits, of milk and beef, wine, spirits, ale, butter, tea, sugar, farina, codfish, and other precious articles, which we were able to distribute in abundance—may rest assured that here, at least, they have accomplished all the great good which they had hoped of them.

As I expect that you will soon have a full report of the working of the Commission in this department, from the Rev. Dr. Anderson, it seems hardly necessary now for me to do anything more than merely allude to the other stations and agencies which I have just visited.

Kelly's Ferry was, until recently, the head of navigation for our steamers on the Tennessee, and is still a very important de-

pot for the trans-shipment of Government stores. It is ten miles from Chattanooga by land, and about forty by the river from Bridgeport. Immediately after the battles at Chicamauga, the Rev. O. Kennedy established a Lodge here for passing soldiers, and since he removed to Bridgeport, the work of supplying their wants, and of attending to the reception and shipment of goods, has been most faithfully and commendably performed by Mr. W. A. Sutliffe. He has been aided in his friendly offices for sick and wounded soldiers, large numbers of whom have at times been at this point, by Rev. Mr. Strong. I take great pleasure in acknowledging the hearty co-operation of Dr. Tailor, the zealous surgeon of the Post, and of Lieut.-Col. Cahill, of the 16th Illinois, commandant of the Post, who has been always ready to aid the Agents of the Commission in every way possible, and has greatly helped us in forwarding goods, by detailing men to serve as guards for our wagons, and likewise for the accumulated stores at the landing.

Bridgeport is a very important point in our chain of Agencies—so much so, that we are compelled to keep a strong force, and they have been at times greatly pressed by their duties. There is here a large field-hospital, most admirably managed, by Dr. Wm. Varian, U. S. V. To him we are indebted for the most valuable aid in establishing our depot and lodge. The warehouse, formed of several large hospital tents, has been carefully arranged by Dr. Coates, Mr. Pierce, and Mr. Pocoche, conveniently near to the railroad station and the field-hospital, while the lodge under the care of Mr. Kennedy, assisted by two detailed men, is close upon the steamboat landing.

At Stevenson we have now no agency; but it is expected that it will be advisable to re-establish one there soon. The "Alabama House" has been offered by the Quartermaster to the Commission, to be used as a Soldiers' Home, and it is probable that we shall avail ourselves of the opportunity of at the same time abating a nuisance and creating a blessing, by taking it. Stevenson is becoming an important location, and now has no suitable place for the accommodation of either officers or men, well or sick.

Murfreesboro' was, for a time, virtually abandoned when the army advanced; but large numbers of hospital patients are henceforth to be placed there. We have, therefore, re-established our agency, and occupy a spacious warehouse, with Mr. E. L. Jones in charge.

At Nashville, as you may suppose, there is great activity. Dr. Read superintends the multiplied branches of the business; Mr. Robinson, Mr. Hopkins, and Mr. Fea attend to the large amount of stores passing into and out of the warehouse; Mr. Hoblit and Mr. Ingraham respond to the many calls made upon them in the departments of Hospital and Special Relief, while Capt. Brayton oversees the arrangements of the Home. I have the satisfaction of knowing, from personal inspection and intercourse, that the varied and unceasing duties of these officers of the Commission are faithfully performed, often at the cost of much personal discomfort, annoyance and fatigue.

Yours respectfully,

J. S. Newberry,
Sec. West'n Dep't.

THE RELIEF AGENCY.

Mr. Murray, Relief Agent with the Second Army Corps, writes:

On the 4th of Sept. the undersigned returned from a short furlough, resumed his duties as Relief Agent with the 2d Army Corps, relieving the Rev. J. A. Anderson, who had been placed in charge of Sanitary affairs in the 12th Corps. The ordinary duties of special relief and of distribution of stores continue to be discharged by frequent visitations to regiments and inspection of hospitals. On the 12th inst. the corps broke camp at Morrisville and moved toward the river, as a support to the cavalry who were then engaged with Stuart's forces on Mountain Run. We halted for the night near Rappahannock Station, and resumed our march early the following morning, crossing the river on pontoons laid near the R. R. bridge.

After we had passed three miles beyond the river, the enemy were found strongly entrenched on the heights of Brandy Station, which the cavalry division of Gen. Buford was hotly assailing. The action

was but of short duration, and resulted in the driving of the Confederates to a point beyond Culpepper C. H. The ambulance train to which my wagon was attached was very fortunately parked near the field hospital established by the cavalry, and I had the satisfaction of distributing a considerable quantity of stimulants and old linen to the surgeons in charge. The wagons containing their hospital stores and appliances had been left beyond the river, and they were almost entirely destitute of the commonest hospital necessities. After remaining at the hospital for an hour, my wagon rejoined the train and pressed on to Culpepper, which we reached the same evening, (13th.)

I was thus enabled to reach Culpepper and afford relief to the sick and wounded in hospital at that place, not only before the wagons of this or any other "Commission" had reached it, but before even the supply wagons of the Medical or Subsistence Depts. had entered the town. Our cavalry had already driven the rebels beyond the Rapidan and the 2d Corps continued their occupation of Culpepper and vicinity till the 16th, while the main army was being brought up from beyond the river. These days were spent in visitations to the various hospitals occupied by the cavalry and 2d Corps, and the distribution of such stores as seemed necessary for the comfort of the men. This being the first test of the new relief system on the march and in action, it affords us pleasure to bear witness to the almost unanimous verdict in its favor, especially from the surgeons of the cavalry corps, who had been before cut off by the very nature of their movements from all assistance from us. On the 16th inst. we moved out from Culpepper, and on the following morning went into camp at Sommerville Ford, on the Rapidan. During the whole march my wagon, being on the immediate advance, was in such a position as to reach cases which would perhaps otherwise have been neglected entirely. More than once has my wagon been stopped by a train of ambulances bringing the wounded from the front, and a requisition supplied, or a call for a bandage, etc., made by some poor fellow, complied with. We remained in camp at the aforementioned point until the 4th of October, when the batteries opposite invited us to skedaddle, which invitation the representative of Sanitary Commission was not the last to accept. During our stay upon the Rapidan, the divisions of our corps were so widely separated that it was found impossible to supply their requisitions from my wagon; I therefore requested the surgeons of each Brigade to notify the regiments of the existence of our storehouse at the Court House, and requested them to make their requisitions upon it for supplies. This was generally complied with. During our camp here, the 3d Division, then lying upon the Slaughter Mountain battle-field, was visited, thus completing my first round of regimental visitations. On the day immediately following our bombardment, we were relieved by the 6th Corps, and fell back to the Court House; here we imagined we were about to make permanent quarters, and immediately began the establishment of division hospitals and the construction of camps. We remained in this position until the 9th, when we were ordered out upon the Sperryville Pike to relieve the 3d Corps.

The same night, about twelve, we were ordered to evacuate our position, and commenced our part of the celebrated run to Centreville. We removed all our sick from the Culpepper hospitals, and resuming our march, reached Brandy Station by daylight. Continuing our retreat, we made camp at Bealeton on the night of the 11th. The next morning we sent our sick to Washington by rail, and during the afternoon moved again toward the Rappahannock. The troops recrossed and moved to Brandy Station, the ambulances and other trains remaining on the north side. Before daylight the following morning we were aroused, and again fell back this time on the road to Liberty Church.

Passing the church, we reached 3 Mile Station on the Warrenton Branch R. R. the same evening.

During the night we marched through a dense forest to Murray Hill. We remained there till 3 A. M. of the 14th, entirely surrounded, as we afterwards learned, by Hill's Corps, whose advance lay within a quarter of a mile of our lines. At about five in the morning, as we were passing through a

ravine near Fox Run, our train of ambulances, which had passed out of our lines, were opened upon by rebel batteries planted on Auburn Hills, which rise beyond the Run. Our position for a few moments was a very unpleasant one, between the bullets of those skirmishing on each side of the train and the shells falling around us. I had no doubt for a short time, that wagon No. 14, its driver, and last, but not least to me, the agent, had purchased tickets for that popular route to Richmond, viâ Gordonsville.

The cavalry succeeded in making a way for us to fall back, which we rapidly and immediately did. While the action was going on in front of us, I distributed several articles of stores to the ambulance surgeons, there being no field hospitals established. We were able to resume our march in about two hours, when we continued our retreat, or rather run, as it now had become.

Our fast gait enabled us to reach Centreville at 7 P. M. of the same day, where we went into camp. The fight at Bristow Station took place on this afternoon, lasting from 3 till 5 P. M. Our ambulances were considerably in advance of the troops when the attack commenced, and as it was evident that our troops would fall back, I sent my wagon forward with the majority. I however put a few articles in one of the detachment wagons sent to the front, and accompanied them till I met Surgeon Myers, in charge of the wounded of the 2d Division, to whom I delivered them. The action at this time being nearly over, I returned to the train, which I reached as they were making a park beyond the Bull Run. During the whole of this night and the succeeding day, I remained distributing and relieving as best I might, the loads of suffering wounded men, which were every hour brought to the ambulance hospital.

A large quantity of blankets, shirts, drawers, wine, bandages, &c., were distributed in the way of special relief. The Superintendent of Field Relief was very fortunately upon the ground, and assisted me greatly by his advice and work. On the 15th the camps of our corps on the run were shelled by the rebels, who fell back the following morning, thus ending this stage of the fall campaign.

Our five days of retreat, from the 10th to the 15th, were most severe in their character, wearing out both officers and men. The second corps were assigned to the duty of covering the retreat, which gave them much more severe marching, and led them into two actions which were avoided by the other corps.

If I had been able to procure a new supply of goods while at Centreville, such as were anti-scorbutic, they would have been of great use. As it was, I was compelled to economize my stores. On the 19th inst. we moved to Bristow Station; on the 20th to Gainesville; and the same night, over the worst road I ever traveled, we rejoined the main body of the corps at Auburn Hills. We changed our camp from this point to Turkey Bend, on the Warrenton Branch R. R., on the 23d.

On the 28th inst. I went to Gainesville, at that time used as a depot by the Chief Quartermaster, but was unable to procure any stores, and returned to camp the following day. On the 31st I started for Washington, and returned on November 4th with quite a large stock of goods. On the 7th camp was broken at Turkey Bend, and the line of march taken for Kelly's Ford. During our stay at the former place a second visitation to the regiments was undertaken, and nearly gone through with. We crossed the Rappahannock on the 8th, with no serious fighting, and passing through the lately deserted encampments of the rebels, halted near Brandy Station. On the 10th we moved to Mountain Run, and made camp on its banks. Here we remained for two weeks, and while here the ordinary duties of the Relief Agent were discharged. On the 23d we received orders to move, but, after passing a mile from camp, were recalled on account of the severe weather.

On the 26th, Thanksgiving Day, we at last got off, and moved rapidly toward Germania Ford, on the Rapidan, which was crossed the same evening without opposition. On the next day we reached Robertson's Tavern, on the Orange Pike, where we found the enemy in force. There was heavy skirmishing all day, but no general action was brought on. During the night the enemy fell back to Old Ver-

diersville and behind the entrenchments on Mine Run, to the banks of which stream we followed him. On the morning of the 29th, the 2d corps, two divisions of the 3d, and one of the 6th corps, all under command of Gen. Warren, were ordered to the Plankroad leading to Orange Court House. We reached Fairmont Church in the evening, and moved out before daylight to the front of the enemy's works.

We remained on their front till December 1st, when we were ordered back to Culpepper Ford. We crossed the Ford by night, and re-entered our old camps on Mountain Run the following day. The loss of the corps during the movement was about five hundred of all classes. The use and advantage of the present system of field relief was more evident to me than ever during this short campaign. The weather was most intensely cold, and our supply of quilts and blankets relieved from suffering, or, perhaps, preserved the lives of many wounded. The wounded were all under the charge of Surgeon Dwinalle, to whom many articles were furnished. I made it my business during the campaign to visit repeatedly the field hospitals, which duty was particularly arduous after our movement to the right had left me the only representative of the Commission with Warren's large command. I have the pleasure of reporting that my stock was adequate to the demand, and in no case was a proper call denied. During our movement the wounded were the major portion of the time in the ambulance train. I was, therefore, able from my stores to furnish them daily soft crarkces, tea, milk, stimulants, &c. Every evening milk punch was made by the attendants, and distributed to those needing it. Through my observation of my own as well as other corps, and from the expression of medical officers, it is my impression that the Commission brought itself most favorably before the army; and, what is better still, relieved a mass of suffering which would not have otherwise been reached, and gave many a poor fellow another sight of his sweet northern home who would else have slept under the forest trees of the wilderness. On the 5th we moved our camp to Stevensburgh, and on the 7th moved to Shephard's Grave, where the camp is at present situated. On the 6th the undersigned was relieved by Dr. G. E. Holbrook, and on the 10th returned to Washington. During the past quarter it has been his endeavor to keep himself as much as possible under the direction of the medical staff of his corps, to whom he is indebted for many kindnesses and much valuable advice. In fact, as a representative of the Commission, he has met with nothing but courtesy from all the officers with whom his duties have thrown him; and his position has been rendered doubly pleasant from the uniform kindness and sympathy of those under whom he has been acting. He has to return his thanks for the promptness with which all his demands upon their time were met, and for the amount of good he has been able to accomplish in his department.

Mr. Kurtz writes:

Having just returned from Brandy Station, I deem it a privilege no less than a duty, to lay before you a few facts with reference to my field experience. Thursday, November 26, 1863, we received the order to move. It was my lot to be connected with one of the Field Relief wagons, temporarily attached to the Ambulance train of the 1st Division, 6th Corps. Left camp, accompanied by Captain Harris, Assistant Superintendent, and Mr. D. S. Pope, Relief Agent, 6th Corps, at 6 o'clock, A. M. At 2 o'clock, A. M., (November 27th,) the train came to a halt on the plank road leading to Germania Ford. An hour afterwards we commenced moving again, coming by 8 o'clock in the morning within eight miles of the Ford. Though weary and fagged out, we still preferred moving on to an uncertain halt, and felt no little indignation when hour after hour passed without being able to put our teams in motion. At last, at 8 o'clock in the evening, the wagon-master concluded to encamp for the night, with the intention of crossing the pontoon bridge at dawn. This intention was carried out at 2 o'clock, A. M., (Nov. 28th,) and we reached Locust Grove at seven, where we fed our horses and breakfasted.

Here the effects of the march upon the men began to be seen. Many foot-sore, hungry, sick and weary, lagged behind their regiments; and here I had for the first time

the satisfaction, as agent to the Sanitary Commission, to speak words of encouragement to the men, and to administer to the needs of those who were suffering from diarrhœa, &c., on the march. By 4 o'clock, P. M., the same day, we arrived at a spot near the expected battle-field—moving by way of the Fredericksburg and Orange Turnpike. Hospitals were immediately extemporized for the various divisions of the army, and the men wounded in the engagement of the previous day were removed into them. During our stay here for two days, I visited frequently the hospital, 1st Division, 6th Corps, and find pleasure in stating that we were treated by the surgeons of the Corps with kindness and courtesy. Indeed every medical officer whose acquaintance I made in my capacity as agent of the Sanitary Commission, manifested the deepest concern regarding the comfort and needs of the men, and almost invariably inquired into the variety and amount of stores placed in my hands for distribution.

December 1st, we started on our return to Brandy Station. About midnight the train stuck in the mud, and hundreds of the wounded were obliged to remain in the ambulances during the night. As soon as the impassibility of the roads was thus demonstrated, an order was given to camp, and the surgeons in charge of the wounded inquired with a loud voice for the agents of the Sanitary Commission. At once we repaired to the place, and in the darkness of the night delivered to the medical officers such stimulants, condensed milk and crackers as they needed to feed the wounded soldiers. We were moved to tears at the sight of the patient heroism of the sufferers, and our hearts were cheered beyond expression by the knowledge that, through the aid of the Sanitary Commission, the darkness and gloom of the night was lighted up for these wounded patients.

At 8 o'clock in the morning we resumed the march. By order of the surgeon, another halt was made a short distance from Brandy Station. Here again the assistance of the Commission was called into requisition, and the remainder of the beef extract and crackers in the wagon was distributed. After the wounded had been refreshed, we moved again until we reached the ground occupied by the division before the march. During the remainder of our stay with the army we were gratified at being able to furnish the medical officers with socks, drawers, &c., for the wounded, prior to their transportation to Washington.

Allow me, in conclusion, to state that my experience as *pro tempore* Field Relief Agent of the Sanitary Commission, brief as it was, has satisfied me that the value of the Commission is appreciated by both men and officers; so that I can well understand the truth of the remark made by Dr. Clark, (1st Division, 6th Corps,) after we had brought him socks and drawers for the hospital under his charge: "I do not know what would have become of this army had it not been for the Sanitary Commission." This remark simply echoed the sentiments of many officers and privates expressed to us at various times. It would be superfluous in me to dwell upon the importance of the field organization in the Army of the Potomac, under your successful supervision. Thousands of sick and wounded soldiers throughout the land have spread the fame of the noble and self-denying worth of your agents in the field, sharing as they do many of the dangers and all the privations and inconveniences of camp life; and the day cannot be far distant when a grateful nation, redeemed from the curse of treason, will pronounce the name of the U. S. Sanitary Commission with a heart overflowing with gratitude.

D. S. Pope, (Relief Agent, 6th Army Corps,) speaking in his report of the movement, says, with reference to the 2d of December:

We started for Brandy Station. The roads were in a horrid condition. * * * About eleven o'clock in the evening we stuck, and remained thus until morning. The sick in the ambulances suffered a great deal. The hard tack had given out, and also their beef tea. We issued the crackers from Mr. Kurtz's wagon, and beef tea, rum and milk from mine. Captain Harris, our Assistant Superintendent, made some hot milk punch for them, which many declared did them more good than anything they could have had.

Captain Isaac Harris, referring to the

same occasion in his report, says: It was here that the Commission was appreciated. The men had started with five days' rations, which were consumed on Monday night; consequently the sick and wounded in the ambulances would have been without food, had it not been that they were supplied with crackers, beef tea and milk punch by the agents. The following morning they were served with beef-tea and crackers, and again at noon, when the army had reached its former camps.

CLASSIFICATION OF WOUNDS.

LETTER FROM DEPUTY INSPECTOR-GENERAL T. LONGMORE, PROFESSOR OF MILITARY SURGERY AT THE ARMY MEDICAL SCHOOL, ENGLAND, TO FREDERICK LAW OLMSTED, ESQ., SECRETARY OF THE SANITARY COMMISSION, WASHINGTON.

NETLEY, ENGLAND, *November*, 1863.

To the Secretary of the Sanitary Commission, Washington:

SIR—Inspector-General Dr. Muir, Principal Medical Officer to the British forces in Canada, has forwarded to me copies of the valuable reports which the Sanitary Commission has issued from time to time, for the use of the army surgeons in the field. He has also sent me blank copies of the returns in use in the United States Army, among others the form of the monthly report of sick and wounded, in which occurs the TABULAR STATEMENT OF GUNSHOT WOUNDS, showing the "seat and character" of each wound inflicted, the "side of the body wounded," "how received," "nature of missile," "treatment," and "result," with a column for short remarks.

There are some features in this tabular statement which, it appears to me, are likely to impair its utility for comparison with tabular returns of injuries of a like nature in other countries, and believing the subject to be one of great professional importance, I am anxious to call the attention of the Sanitary Commission, and by its means, that of the surgeons of the American Army at large, to the classified form of return, or tabular statement, of gunshot wounds which is now adopted in England. It is one which was arranged by an English surgeon of great experience in battle-fields, but who has lately retired from active service — Inspector-General Taylor, C. B.

I trust that my professional colleagues across the Atlantic will pardon the liberty I am taking in sending this letter, for the sake of the motive which has prompted me to write it. This is none other than an earnest desire that the sufferings of your brave soldiers now in the field may, among other rewards, be attended with this good: that the additional experience in military surgery which their injuries are capable of giving to the stores of information already accumulated by the members of our noble profession, may be fully gathered, and that in this way the labors of army surgeons may be still better enabled to fulfil their high purpose of saving lives of the utmost value to their country in its hour of need, and of generally lessening the unavoidable miseries of war.

It may appear to some surgeons, at first view, a matter of no great interest what kind of arrangement is adopted in army returns so long as a general nomenclature is used, and on the whole correctly applied; experience has, however, taught that so far from this being the case, the importance of precision and accuracy in clasification is just as great as correctness in nomenclature, and that the nature of statistical and professional returns will bear exact relation to the degree in which this importance is appreciated. Such precision, indeed, is especially important in the army returns, with which military surgeons have to deal, and in no department of the military surgeon's practice in which detailed returns are called for, is this importance more obvious than in the Department of Wounds, and especially of gunshot wounds. In time of war these injuries usually occur in large numbers together; the occasions are such that surgeons have no time to spare for entering into detailed reports of each particular case; and yet the nature of each case must be defined within fixed limits, if the records furnished regarding them are to be turned to any practically useful results, whether as regards their surgical consequences, their ultimate results in disabling and invaliding soldiers, or in establishing comparisons between the effects of various

modes of treatment. If wounds of different characters and gravity, wounds complicated with serious lesions, and others simple and uncomplicated, are mixed together under one heading, then the deductions such as I have indicated, on being made, must be open to so many sources of error that no reliance can be placed upon them.

I feel assured that the members of the Commission will fully join with me in estimating as extremely important, in a professional point of view, the condition that, whatever form of classification be adopted, whatever form of tabular statement framed in our returns, these forms should be such as will enable surgeons to compare with exactness injuries of like kinds and degrees of gravity as regards their statistical results, whether in respect to mortality, or the effects of operative interference, or other treatment. They will also agree, that these means of exact comparison should not be limited to the tabular statements derived from different actions in which one and the same people may have been engaged, but should embrace a far wider range; indeed, should be capable of being applied universally, so that the surgical results of warlike operations in all parts of the world might be placed side by side and compared. It would probably be attended with valuable practical results if an international congress of surgeons were formed for the purpose of agreeing upon a common classification and form of return of the injuries of war; for until such a general arrangement be determined, there must remain a certain amount of needless imperfection in the statistical information derived from such sources.

The tabular statement in the report of sick and wounded divides the seats and characters of the gunshot wounds into four principal sections, viz., flesh wounds, wounds of cavities, fractures of bones, and wounds of joints. These, again, are subdivided into regions, or into particular bones or joints; but provision is not made for indicating such wounds as those of the larger arteries, nerves, organs of special sense, as the eye, and others. These injuries might be referred to in the accompanying remarks, but they would not be shown in the numerical returns. A gunshot fracture of the cranium with depression, but *without penetration* of the dura mater, is a very different injury in its essential features than another injury *with penetration* of the dura mater, and the prospect of success from elevation or trephining in the one case as a remedial measure is widely different from what it is in the other. But such special differences would not appear in the tabular statement, and without such limitations in the premises the conclusions shown in the column of results must necessarily be much impaired in scientific value. An examination of the tabular statement will exhibit many other deficiences such as I have alluded to: but I will not dwell on these, as they will more readily suggest themselves perhaps by an inspection of the classification I am forwarding with these remarks.

Before submitting Inspector-General Taylor's classification, permit me to take a brief review of what had been done in this country in the way of classifying polemical wounds previously to its appearance, and also to make a few remarks on the advantages of its arrangement.

Strange as it may appear, until the year 1855, and until several months after the opening battle of the Alma, there was no specific classification for gunshot wounds in this country. These injuries were shown numerically in the ordinary returns under the general term of "Vulnera Sclopitorum," and a division of them was also made after each action, according to their supposed gravity, whether slight or dangerous. The order which the English surgeons received at the commencement of the Crimean War for the classification of the killed and wounded among the men of their regiments, and on which they acted, was the following:

"As soon after an action as possible, medical officers in charge of corps will make out, and transmit to the Inspector-General of Hospitals, for the information of the General Commanding in Chief, returns of casualties, made out agreeably to the following form:"

RETURN OF KILLED AND WOUNDED IN —— REGT., IN ACTION OF ——

	Killed.	Wounded.			Total Wounded.	Remarks.
		Dangerously.	*Severely.*	*Slightly.*		
Officers.....						
Non-commission'd Officers and Men						

No other classified return of gunshot injuries was furnished. This was the general form used during the Peninsular War, and during the 40 years which succeeded the closing scene of the Duke of Wellington's final success at Waterloo, no change in it was made. Such a form of return was scarcely in advance of the method of arrangement employed by Hippocrates and Celsus, into "mortal" and "non-mortal" wounds, of each class, of which they defined regular lists; and scarcely so advanced as those employed by some of their successors, who subdivided the mortal wounds according to the *causes* of their fatality—such as wounds producing death by impeding respiration, by depriving the body of nutrition, by hæmorrhage, and so on.

In addition to the numerical and descriptive return above mentioned, it was expected by the authorities that the histories of wounds of particular interest would be furnished in the monthly or annual professional reports of corps, but the regulations required nothing more. Sometimes surgeons of their own accord would tabulate the cases which come under their care, for the sake of conciseness and order; but from the different views held by different surgeons, and the tendency that would naturally occur to put prominently forward some specially successful results, or features having a particular attraction for the surgeons who reported them, no fair comparisons could be instituted between the tables from different sources. Other zealous surgeons, again, would gather together groups of cases from a wider field of observation, for the purpose of investigating special questions, or illustrating particular doctrines; but such summaries could only be made by an expenditure of much personal exertion, and they also too often contained the same elements of error as those I just now adverted to.

The following is an example of individual arrangement: The last year in which any considerable body of soldiers laboring under the effects of polemical injuries came to England, prior to the Crimean period, was the year 1848, when the military operations in India, New Zealand, and the Cape of Good Hope furnished a number of cases of this class. The medical officer in charge of the hospital where these invalids were received, arranged their injuries in a special return, the first column of which was intended to show the nature and situation of the wounds, and the remaining columns the various ways in which the patients were finally disposed of. On examining the column of "Situation," in the first line, wounds of the head and face were returned together, and I need hardly mention what different considerations are involved in the wounds of these two regions. Then followed wounds of the thorax: thirdly, of the abdomen: and fourthly, of the back; without any subdivisions to show whether parietes only, or the cavities connected with them, or any other complications were involved in the injuries. Five headings then followed for wounds of the upper extremity, viz: Shoulder, arm, elbow, forearm, and hand; and six for wounds of the lower extremity, viz: Hip, thigh, knee, leg, ankle, and foot; without any indication to point to particular injuries of bones, nerves, or arteries, with which some of them were doubtless complicated.

The returns of a corresponding kind which have been handed down to us from the Peninsular campaigns, are, for the most part, of an equally unsatisfactory nature. Inspector-General Taylor referred to this fact, in proposing his classification, in the following remarks: "The necessity," he writes, "for some such classification as that now proposed, is obvious, from referring to the returns drawn up during the Peninsular War. These will be found nearly uninteresting and uninstructive, in consequence of the want of due distinction amongst wounds of wholly different nature and quality. In the wounds of the head, chest and abdomen no distinction is made between simple flesh wounds of these re-

gions and injuries of the more important viscera. The returns do not even distinguish between incised and gunshot wounds, which are of such totally different value even in the same parts; all kinds of wounds seem brought together simply as 'surgical cases,' and in some of the returns of 'capital operations,' it is not clear whether fingers and toes have, or have not, been included under the terms upper and lower extremities." It is somewhat important that the fact should be known of these uncertainties and serious imperfections existing in the comparatively recent professional returns referred to, for in almost all works of surgery they are quoted as standards of comparison, with a variety of objects, to show the results of amputation in different regions, for example.

Inspector-General Taylor commenced his classification of gunshot wounds in India at the time of the Sutlej campaign; but completed it in the present shape, while the principal medical officer at Chatham, before leaving for the Crimea. He submitted it when in charge of the 3d Division, before Sebastopol, to the head of the medical department in the Crimea, in July, 1855, and it was then ordered to be adopted for the army returns in general. A few months before that time Deputy Inspector-General Parry had employed it in classifying the wounded under his charge in the Surgical Division of the Invalid Hospital at Fort Pitt, during the period ending 31st March, 1855—the time when the first series of wounded invalids from the Crimea arrived in this country. This may be safely said to be the first time that a general classification of gunshot wounds at all approaching to precision was employed in the army returns of any country. The purpose of the classification is so well explained in the Deputy Inspector's Annual Report for the date just mentioned, that I cannot forbear quoting a few of his remarks on the subject.

"With a view of forming something approaching to a correct estimate," he writes, "of these various wounds and injuries, I have, in the following table, classified them according to different regions of the body in which they were situated, and afterwards subdivided these under each class into several species, according as they were either confined simply to the soft tissues, or complicated with more or less injury of the osseous structures and articulations, or with lesion of important organs, vessels, or nerves; and these latter, again, according to the nature and degree of complication. This classification is framed according to a form of descriptive return of wounds which was drawn up by Deputy Inspector-General Taylor soon after the arrival of wounded into this establishment, but is extended more in detail."

The extension to which Mr. Parry here refers, he adapted to the particular cases which happened to fall under his care. Thus, under Class 2, "Gunshot wounds of the face," Mr. Parry extended the distinctions into those complicated with injury to bones and lesion of one eye, lesion of both eyes, lesion of one ear, lesion of eye, ear, and sense of taste, and so on. The classification readily admits of such subdivisions as these, and this one of the great advantages of its arrangements.

As will be seen by reference to the classification, gunshot wounds are divided into 12 classes. Inspector-General Taylor added three other classes—one for sword wounds, a second for lance and bayonet wounds, and a third for miscellaneous wounds not included in the foregoing; so that all the injuries received in action might find a place in the returns.

I will conclude this letter by appending Inspector-General Taylor's classification, arranged in form for a descriptive numerical return. (See form A.) When required for a detailed description of particular cases, the headings of the return are simply printed over a wider space, so as to leave room for remarks under each heading. (See form B.) Finally, permit me to express the hope that the subject may be thought not unworthy of the consideration of the members of the Sanitary Commission, and that the remarks I have made may lead to discussion of the question whether this classification is best suited to ensure precision of tabulation, or requires further improvement.

I am, sir, your obedient servant,

THOMAS LONGMORE.

[Form A.] Descriptive Numerical Return of Wounds and Injuries received in Action, admitted into the ——— , between the———of———, and———of———, 186-.
———, the———of———186-.

CLASSIFICATION AND SPECIFICATION OF WOUNDS AND INJURIES.	Remained on the ———, 186-.	Since Admitted.	Died.	Discharged to Duty.	Transferred: To other Hospitals or Stations.	Transferred: Re-admitted for other Diseases.	Transferred: Re-admitted for Capital Operation.	Remaining on the ———, 186-.
1. Gun-shot Wounds of the Head.								
1. Contusions and simple flesh wounds of Scalp..... {Slight.. {Severe.								
2. With contusion or fracture of the cranium, without depression.....								
3. Ditto, with depression.....								
4. Penetrating the cranium.....								
5. Perforating do.								
2. Gun-shot Wounds of the Face.								
1. Simple flesh contusions and wounds..... {Slight.. {Severe.								
2. Penetrating, perforating, or lacerating the bony structures, without lesion of important organs.....								
3. Ditto, with lesion of the..... {								
4. With fracture of the lower jaw.....								
3. Gun-shot Wounds of the Neck.								
1. Simple flesh contusions and wounds..... {Slight.. {Severe.								
2. With injury of the... {								
4. Gun-shot Wounds of the Chest.								
1. Simple flesh contusions and wounds ..... {Slight.. {Severe.								
2. With injury of bony or cartilaginous parietes, without lesion of contents								
3. With lesion of contents by contusion, or with non-penetrating wound.....								
4. Penetrating, and ball lodged, or apparently lodged.....								
5. Perforating contents..... {Superficially. {Deeply								
5. Gun-shot Wounds of the Abdomen.								
1. Simple flesh contusions and wounds..... {Slight.. {Severe.								
2. Contusion or non-penetrating wound, with lesion of..... {								
3. Penetrating or perforating, with lesion of..... {								
6. Gun-shot Wounds of Back and Spine.								
1. Simple flesh contusions and wounds..... {Slight.. {Severe.								
2. With fracture of vertebra, without lesion of spinal cord.....								
3. With lesion of spinal cord.....								
7. Gun-shot Contusions and Wounds of the Perineum and Genital and Urinary Organs, not being at the same time Wounds of the Peritoneum.. {								
8. Gun-shot Wounds of the Upper Extremities								
1. Simple flesh contusions and wounds..... {Slight.. {Severe.								
2. With contusion and partial fracture of long bones, including fracture of the clavicle and scapula.....								
3. Simple fracture of long bones by contusion from round shot ..								
4. With compound fracture of..... {Humerus..... {Radius ..... {Ulna ..... {Ulna and Radius. {All three bones ..								
5. Penetrating, perforating, or lacerating the several structures of the carpus and metacarpus								
6. Dividing or lacerating the structures of the fingers or thumbs.								
9. Gun-shot Wounds of the Lower Extremities.								
1. Simple flesh contusions and wounds..... {Slight.. {Severe.								
2. With contusion and partial fracture of long bones.....								
3. With simple fracture of long bones by contusion of round shot.								
4. With compound fracture of..... {Femur ..... {Tibia only..... {Fibula only..... {Tibia and Fibula. {All three bones..								
5. Penetrating, perforating, or lacerating the several structures of the tarsus and metatarsus.....								
6. Dividing or lacerating the structures of the toes.....								
10. Gun-shot Wounds, with direct injury of the large arteries, not being at the same time cases of compound fracture.....								
11. Gun-shot Wounds, with direct penetration or perforation of the larger joints..... {With fracture of bone. {Without fracture.....								
12. Gun-shot Wounds, with direct injury of the large nerves, not being at the same time cases of compound fracture.....								
13. Sword, wounds of..... {								
14. Lance and bayonet, wounds of..... {								
15. Miscellaneous Wounds and Injuries received in action. {								
Total Wounds and Injuries received in action.....								

(Form B.)

CLASS I.

GUNSHOT WOUNDS OF THE HEAD.

1.

Contusions and simple flesh wounds of the scalp.

Slight.

Severe.

2.

With contusion or fracture of the cranium, without depression.

3.

With fracture of cranium, with depression.

4.

Gunshot wound penetrating the cranium.

5.

Gunshot wound perforating the cranium.

CLASS II.

GUNSHOT WOUNDS OF THE FACE.

1.

Simple flesh wound.

Slight.

Severe.

2.

Lacerating the bony structures, without lesion of important organs.

3.

Laceration, with injury to the palate.

4.

Laceration of face, with injury to the tongue.

5.

Gunshot fracture of lower jaw.

THE U. S. SANITARY COMMISSION

is in urgent want of funds. Its operations for the relief of the Army were never more extensive and effective than now. Its depots and agents are at every military center, from Washington to the Rio Grande. The money value of the supplies it issued to the Army of the Potomac during and immediately after Gettysburg, exceeded seventy thousand dollars. Its issues at Chattanooga were on a like scale. Thousands of men needing "Special Relief," are daily cared for in its "Homes." Its steamboats and wagon-trains follow our soldiers everywhere. Its other and equally important departments of work—sanitary inspection, hospital inspection, hospital directory, transportation of the sick and wounded, &c., are in full operation. The cost of all this life-saving work is not less than forty-five thousand dollars per month.

Its funds are now much reduced, and immediate contributions are required to sustain it.

The Fairs that have been got up with such admirable and unprecedented energy and success at Chicago, Cincinnati, and Boston, though reported everywhere as "for the benefit of the Sanitary Commission," *have not as yet contributed a dollar to its treasury.* The large sums thus raised have been received by the branches of the Commission, at those cities respectively. These branches apply them most usefully, mainly to the purchase of material to be made up into clothing, bedding, &c., and for like purposes. They thus relieve the treasury of the Commission from the necessity of purchasing supplies belonging to certain classes; but they render no aid to any other department of its work.

Those who desire fuller information as to the organization, methods, and cost of the Commission, are referred to a statement of its system, and of the application of its funds, just published, copies of which may be had on application at the Office of the U. S. Sanitary Commission, No. 823 Broadway, and at the book-store of A. D. F. Randolph, No. 683 Broadway.

It is submitted to all humane and patriotic men, that the Commission has saved, and is daily saving, lives the country cannot afford to lose. What it is doing to economize the life and health of the soldier, is worth to the country ten times the money the Commission has received, and is of direct practical importance to every one interested in diminishing the cost and the duration of the war.

Contributions may be sent to the Treasurer, at No. 68 Wall Street, or No. 823 Broadway, New York.

By order of the Standing Committee,

GEO. T. STRONG,

Treasurer U. S. San. Com.

Dec. 28, 1863.

THE RICHMOND PRISONERS.

LIBBY PRISON, RICHMOND, VA., *Dec. 7th*, 1863.

DEAR SIR: This afternoon I had the pleasure of receiving your kind note of the 23d of November.

I hope the people will not make contributions for Libby Prison. By so doing, they will be likely to send here far more supplies than will be needed. Whatever the people may choose to give, let it be to the United States Sanitary Commission, which will send to us every thing that we shall require, and nothing will be lost or wasted. The Sanitary Commission will distribute its benefactions intelligently, at the points where they will be most wanted.

Will you please have the above published in Boston, New York, and Portland?

I am very well and in excellent spirits. Remember me kindly to all my temperance friends. I am more earnest in the good cause than ever, if possible; and when the war is over, which will not be far off, I shall go to work as earnestly as ever.

Truly yours,

NEAL DOW, Brig.-Gen. U. S. A.

H. K. MORRELL, Esq., Gardiner, Me.

THE CASE OF SURGEON-GENERAL HAMMOND.

Editors Sanitary Commission Bulletin:

GENTLEMEN: I am interested in every thing that affects the efficiency of the medical service of our army, inasmuch as I have kinsmen and friends in its ranks, and the loss or the preservation of their lives may at any moment turn on the question whether the Army Medical Department is well or ill administered. I make no apology, therefore, for asking information on certain points connected with its administration, in which hundreds of thousands of the people feel as deep an interest as I do.

I understand that the President and Senate, more than a year ago, appointed a certain Dr. Wm. A. Hammond to be Surgeon-General of the Army, or, in other words, General Superintendent of all that our Government does to protect our soldiers against disease, and to provide them well-ordered hospitals when sick or wounded; that Dr. Hammond was so appointed because the President and Senate were satisfied that he was pre-eminently qualified for the duties of that high place—on the efficient performance of which duties the life and the health of hundreds of thousands of our sons and brothers so largely depend. I hear that his administration has been energetic and efficient. On this point I may, of course, be misinformed; but the last report of the Secretary of War, as published in the newspapers, states that only about eleven per cent. of our soldiers are in hospital, because of disease, and I know that this is far below the average amount of sickness in the British army in the Crimea, and in any foreign army about which I have been able to inform myself; and this certainly seems to show that Dr. Hammond has done his official duty with ability and with unusual success.

It now appears from common report that he has incurred the displeasure of Mr. Stanton, the Secretary of War, and that the Secretary has felt himself authorized practically to nullify the action of the President and Senate in appointing him Surgeon-General, and has ordered him off to Chattanooga or Knoxville, directing him to stay there until further orders, without any duty to perform, and has in the mean time put some one else (I do not know whom) into his place as Acting Surgeon-General.

Now I have a great respect for the Secretary of War, (as every loyal American ought to have in these times,) and that respect rests mainly on the results he has produced and the general progress our armies have made since he took office, in our war against rebellion. But I respect our lawful Surgeon-General for just the same reason. He seems to have been at least equally successful in fighting camp disease, and introducing method, economy, and efficiency into our military hospitals.

What I want you to tell me is—

1. Can Mr. Stanton *legally* remove a high officer of the Government, like the Surgeon-General, and put some one else in his place?

2. Supposing Mr. Stanton to have no legal right to do so, but that in these critical and perilous days the public welfare requires him to assume it, should not the exercise of this extreme and almost revolutionary power be at once followed up by a demand on his part for a Congressional Committee of Inquiry, or for the more direct and prompt process of a Court-Martial or a Court of Inquiry to investigate the charges of misconduct on which he feels justified in thus assuming to remove from his place an officer whom he did not put in it?

His action seems unjustifiable unless the Surgeon-General's administration has been grossly and notoriously corrupt or inefficient. Even if legal evidence of such corruption or inefficiency, such as would satisfy a court, cannot be obtained, there must be moral evidence of it that would satisfy a Congressional Committee. If there is not, how did Mr. Stanton satisfy himself on the subject, and become convinced that it was his duty to override law and usage by practically dismissing Dr. Hammond from an office to which he was appointed

as the best man for it, by just the same authority that made him, Mr. Stanton, Secretary of War?

3. Who is the present "Acting Surgeon-General" of the army? Have the President and Senate, or either, ever assigned to him the most responsible duties of that great office? If not, under what color of title is he now executing them? What is the Surgeon-General doing at the Southwestern frontier post to which he is banished? Who had the right to send him there? What good does the country get from the scientific acquirements and the administrative ability, the proof of which made him Surgeon-General, while he is thus virtually put under arrest, though under no charge of misconduct?

I ask these questions only for information. I am no Copperhead. I stand by Government, right or wrong. I uphold the President and all his Secretaries jointly and severally, because they are Government officials, and because it is the duty of every loyal citizen to uphold them. But when they seem to be going wrong, and making blunders, I feel that I ought to lift my own insignificant voice in warning. Mr. Stanton seems to be going very wrong and making a suicidal blunder in these dealings of his with the Medical Bureau. Perhaps he does not fully appreciate the intense interest of the people in the health of the army. The torrent of army relief supplies poured into the depots of your Commission ought to enlighten him on this point. If he appreciate in any degree the intensity of public feeling on this subject, he will be very careful how he offends it. If his sense of official duty compels him to any act which looks like thwarting the Surgeon-General, or interfering with him in his efforts to preserve the health and lives of our sons and brothers, he ought for his own sake to let the people know what are the grounds on which he proceeds, and to let them know it at once. For if the people began to suspect that he is prompted by personal or political feeling, (and such things are whispered,) it will be a blow from which he will never recover.

But I am wholly ignorant of the details of this business, and submit my inquiries to you in hope of a response.

Very respectfully yours,

REPUBLICAN.

We have not space in this issue to answer fully the questions of our correspondent "Republican." There is a justness, earnestness, and pertinency about them, however, that demand a reply, even though it may be brief and imperfect.

The Surgeon-General is virtually exiled to Chattanooga, bereft of his legal prerogative, while ordered ostensibly upon a tour of special inspection.

We cannot, although anxious to do so, find any apology for this action of Mr. Stanton; nor does our inability necessarily imply any want of unconditional loyalty to the "powers that be." If Dr. Hammond has not performed his high functions with honor and success, we agree with "Republican" in demanding that he be subjected to a lawful ordeal; if he has, we agree with him also, in insisting that no artificial, partisan, or unjust obstacle be placed in the way of the immediate reinstallment of the Surgeon-General as the head of that bureau which owes its regeneration and brilliant character to his scientific and honest administration.

From every quarter we hear expressions of respect for Dr. Hammond and his bureau. Sir Henry Holland, on his recent visit to this country, remarked that he had seen nothing during his sojourn that so excited his wonder and admiration as the vastness, completeness, and success of the operations of the Medical Bureau, and the curative touch and administrative power of the Surgeon-General. The foreign journals are constantly giving utterance to spontaneous tributes of applause; and everywhere in our own country, with singular unanimity of opinion, a marked approbation may be heard.

The following, extracted from the *London Medical Times*, October 12th, 1863, is so appropriate, that we give it entire:

"Verily our American cousins seem a strange race. For a long time we have been reading that Surgeon-General Hammond has been working wonders in the Army Medical Department, having restored it from the chaotic and disgraceful state in which he found it, to one of admirable order—an example for that of all other countries. And making allowance for the usual transatlantic exaggerations, he really seems to have done his work well. Appointed by the President, in spite of the old routine custom, over the heads of many seniors, he came to his task full of vigor, in the prime of life, and capable of great physical endurance. With a bold hand, he surrounded himself with trustworthy subordinates, displacing many who he did not think equal to the crisis, and proceeded energetically with his work. Large armies had to be provided for, a system of military hospitals to be organized, the examining boards to be re-

constructed, and an army medical school and museum to be founded. With all these vast and useful works he seems to have succeeded beyond all expectation, and the confidence of the public in the new system of medical organization has been warmly expressed; and yet, by the last accounts, we learn that he has been suspended from his office, and ordered to a distant service, a commission having been appointed to inquire into the conditions and management of his office. No charge against him, or reason for the investigation has transpired."

Indeed, we hear of nothing worthy of record, except calm, intelligent, thoughtful expressions of approval and satisfaction at the course of Dr. Hammond. We presume that the procedure of Mr. Stanton, alluded to above, may be considered as a tentative one, marked by a cautious reading of the popular pulse. We have little doubt that the record of those pulsations will be found of such a character as to lead to the administration of justice.

If we are not entirely and blindly in error, Dr. Hammond will experience no detriment from the secret decisions of *ex parte* inquisitors. The American people have a national fondness for light and justice, and will not willingly or tamely permit a faithful public officer, particularly one who has applied the highest results of professional skill and humanity to the relief of the wounds and diseases of their relatives stricken in battle, to be officially garroted.

THE SOLDIERS' HOME AT NASHVILLE.

The reports from "the Home" at Nashville, Tenn., for the four weeks ending November 28, show that during that period, 351 discharged soldiers, and 408 furloughed, were admitted from 17 different states. The number of meals furnished was 3,819, and the number of lodgings 1,484. The average number cared for each day, was 170. The number of deaths was 4. Transportation was procured for 17; papers were sent back for correction for 4; pay was drawn for 71. The total amount collected and paid over being $9,709.54. The reader will find a plan of the "Home" in the last number of the BULLETIN, illustrating the arrangements by which this work is carried on.

INTERNATIONAL SANITARY CONFERENCE.

In the city of Geneva, Switzerland, there recently assembled an International Conference of delegates from several nations of Europe, for the purpose of considering the "*means of providing for the insufficiency of the sanitary service of armies in the field.*" Unlike most of the international congresses that have been convened so frequently in years past, and which have become established institutions in Europe for discussion of social as well as political questions, the Sanitary Conference at Geneva seems to have been a spontaneous and hearty response to the suggestion of a single individual, and he an untitled and unpretending, but earnest-minded citizen.

The nations of Europe were represented as follows:

M. le docteur Unger, from Austria, (Surgeon-in-Chief of the Austrian Army.)
Surgeon-in-Chief Steiner, from Baden.
" Theodore Dompierre, from Bavaria.
" Dr. Lœffler, from Prussia.
" Dr. Basting, from Holland.
" Don. N. A. C. Landa, from Spain,
" Boudier, from France.
M. de Preval, from France.
M. Chevalier, (Consul,) from France.
Dr. Rutherford, (Inspector-General of Hosp.,) from England.
Mr. Mackenzie, (Consul,) from England.
Dr. Oelker, from Hanover.
Major Brodruck, from Hesse.
M. Capello, (Consul,) from Italy.
Prince Henry, XIII., from Prussia.
Dr. G. Housselle, from Prussia.
Capt. Van de Velde, from Holland.
Dr. Gunther, from Saxony.
Capt. Alex. Kirriew, from Russia.
M. E. Essakoff, from Russia.
Dr. Skœldberg, from Sweden.
Dr. Edling, from Sweden.
Dr. Hahn, from Wurtemberg.
Dr. Wagner, from Wurtemberg.
M. F. De Montmollin, from Switzerland.
Dr. Lehmann, from Switzerland.
Dr. Briere, from Switzerland.
M. F. De G. Montmollin, from Switzerland.
Prof. Landoz, from Switzerland.
M. Moratel, from Switzerland,
Dr. Engelhardt, from Switzerland.
M. M. General Dufour, President.
Henry Dunant, Secretary.

After spending four days (October 26th, 27th, 28th, and 29th) in very harmonious and earnest discussions upon the main questions that had called them together, they embodied the more definite conclusions of their conference in the following recommendations or resolutions:

"The International Conference, desirous to render aid to the wounded in those cases where the army sanitary service is insufficient, adopted the following resolutions:

"1. That in each country there exist a com-

mittee whose mission is to assist in time of war, if it is required, in providing by all means in its power for the sanitary wants of the armies. The committee will organize itself in such manner as shall seem most useful and convenient.

"2. Sections, without limit in number, may be formed for the purpose of aiding this committee, and which shall act under its general direction.

"3. It shall be the duty of the committee to place itself *en rapport* with the government of its own country, in order that its service may be received, if there is need.

"4. In time of peace, the committees and the sections shall look for the best means for rendering themselves really useful in time of war, especially in preparing material help of all kinds *(secours materiels de tout genre)* and in endeavoring to organize and instruct volunteer nurses, *(infirmiers volontaires.)*

"5. In the event of war, the committees of the belligerent nations shall furnish, according to their means, relief *(secours)* to the respective armies; their particular duty is to organize and set at work the volunteer nurses, *(infirmiers volontaires,)* and to prepare, in accordance with the military authority, the places in which the wounded shall be attended.

"They may solicit the co-operation of the committee of neutral nations.

"6. Upon application and with consent of the military authorities, the committees shall send the *infirmiers volontaires* upon the battle-field; they shall, at such times, be under the direction of the chief military commander.

"7. The *infirmiers volontaires* who follow the army, must be provided by their respective committees with all necessary means for their sustenance.

"8. That in every country, they wear as uniform a white band upon the arm, with a red cross.

"9. The committees and sections of the various countries may assemble an International Congress to communicate the results of their experience, and to consult upon the measures to be pursued in the interest of the work.

"10. The exchange of communications between the committees of the several nations shall be provisionally made through the committee at Geneva.

"*Besides the above resolutions, the Conference expresses the following wishes:*

"A. Let the governments grant their highest protection to the committees of relief which shall be formed, and facilitate as much as possible the fulfillment of their mission.

"B. Let *neutrality* be proclaimed in time of war, by belligerent nations, for the ambulances and the hospitals, and let it be equally admitted, in the most complete manner, for the *personnel* of the sanitary staff, *(personnel sanitaire officiel,)* for the *infirmiers volontaires*, for the country people who may go to assist the wounded, and for the wounded themselves.

"C. Let a uniform distinctive badge *(signe)* be recognized for the sanitary corps of all armies, or at least for the persons of the same army who are attached to that service. Let a uniform flag *(un drapeau identique)* be also adopted for ambulances and hospitals in all countries."

It appears that it was no part of the design of the Geneva Conference to take up any of the great questions relating to the Sanitary care of armies excepting those leading points that relate to the succor of the men who fall in battle—the humane and sanitary provision for the ambulance and field-hospital service; and upon the questions that were raised respecting the necessity or duty of great improvements in that service, the delegates expressed most decided and harmonious sentiments. The presence of such veteran campaigners and military surgeons as MM. BOUDIER, UNGER, BASTING, and LŒFLER, enabled the most experienced class of delegates to present in a strong, but true light, all the essential difficulties that stand in the way of successfully utilizing the offering—*personal and material*—of voluntary aid for the relief and care of the wounded in active armies. The positions taken by the ablest and most experienced members of the Geneva Conference, strongly corroborate and sustain the established policy and works of the UNITED STATES SANITARY COMMISSION.

HENRI DUNANT, a citizen of Geneva, who was traveling as a tourist in the regions occupied by the vast armies that met at Solferino and Magenta, had his soul so stirred by the scenes of carnage and war that he witnessed there immediately upon the cessation of the conflict, that he deemed it a duty to humanity to apply such volunteered aid as he was able to organize and put into operation upon the spur of the occasion. The record of that timely and merciful work is in the hearts of the multitude of mutilated sufferers, who, but for the succor which that noble man and his obedient helpers rendered, would not now be able to recount the scenes of the terrible battle-field of Solferino.

Thus naturally this noble-hearted and earnest man, M. DUNANT, was led by his brief and thrilling experience to reflect upon the practicability of calling into existence an organized, national, and *international* scheme for applying the services of trained corps of voluntary nurses, so as to secure a uniform system, rendered by study and experience superior, if possible, to the hastily extemporized band of voluntary attendants, organized and led by him at Solferino. This

gentleman's little book, entitled "*Souvenir de Solferino*," embodied many of the results of his study and experience. This unpretending little "Souvenir," accompanied by a circular from the "*Society of Public Usefulness*," of Geneva, was transmitted to the various Sovereigns and Ministers of War in Europe, and, in response to the invitation of the circular, the Conference assembled.

Several of the questions which were submitted to the Geneva Conference had already been brought before the Statistical Congress at Berlin a month previously.

Unanimous approval was given, in the deliberations of the Conference, to the proposed plan for encouraging the timely preparation of *materiel* for the succor of the wounded, and especially for effectually *organizing* the humane endeavors and charities of the people. Said the distinguished representative of the Government and Army of Prussia: "Behold, gentlemen, the great field of activity for permanent 'Societies of Relief,' organized in time of peace, and prepared beforehand with all suitable means to supply the work of official authorities, and to satisfy the wishes of a truly religious philanthropy."

The medical delegates at the Geneva Conference joined heartily with the non-medical delegates in all the debates and purposes of the Conferences. Their sentiments in reference to such works of life-saving are happily expressed by a French physician, Dr. Henri Navre, who, as a public journalist, has earnestly advocated the objects of the Conference. He writes: "The physician has science, let him confer with the benevolent and sympathetic; let him encourage them with his approbation, and enlighten them with his counsels. *Knowledge will thus heighten the value of benevolence, and the result will be beautiful.*" And justly does that eloquent physician ask: "Is it not the highest mission of the true physician to aid with his professional knowledge the endeavors of the benevolent and self-sacrificing?" Such appears to have been the spirit not only of the medical delegates at the International Conference, but of the various Sovereigns and Ministers of War who sent messages of counsel and encouragement.

There is no difficulty in detecting in the spirit and discussions of the Geneva Conference the germs of great things for the science and art of battle-field relief.

It is very interesting to find them taking up and discussing, *de novo*, a question which the U.S. Sanitary Commission solved nearly two years ago, viz.: How to organize the outside labors of the people for the relief of their relatives and friends stricken upon the battle-field, in such a manner as to secure a commensurate application of aid and comfort, without invading the sphere of military discipline or weakening either the dependence of the soldier upon the military establishment or the sense of responsibility of the medical officers.

Difficulties that the Geneva Conference regarded as very serious and almost impassable, we have met and readily surmounted. We have demonstrated how the spontaneous benevolence of the people may be organized in time of war, so as to carry the offerings of the homes upon the battle-fields, through moving armies, and into military hospitals, without conflicting with the rigid requirements of military discipline. While we feel great interest in again taking up, with our foreign friends, the rudimentary principles of the matter, we regret that the light of American experience did not shine upon the debates of the Geneva Conference.

THE AMBULANCE CORPS IN THE ARMY OF THE POTOMAC.

Although the necessity for an ambulance corps, or in other words a trained officered body of men, under military discipline, supplied with all the necessary appliances for the conveyance of the wounded from the spot where they fall to the field hospital in the rear, has been felt ever since the war began, it was not completely organized in the Army of the Potomac until August of last year. It had, however, been previously in process of formation, awaiting full growth and the approbation of the general commanding. Dr. Letterman, the able Medical Director, has been steadily working at the ambulance scheme for more than a year, striving to meet every requirement of humanity without conflicting with military discipline. In this work he has been aided and heartily sustained by Surgeon-General

Hammond, whose thorough knowledge of military hygiene and discipline, all who are at all familiar with the medical history of the war must know. This admirable scheme of organization, set forth in order No. 85, is one of the striking proofs of the professional wisdom and humanity of the medical corps of the Army of the Potomac. It only remains for the Government to adopt for the entire army of the nation a similar organization. Indeed, we know that the Surgeon-General is desirous of carrying throughout the entire army some such uniform plan, and it will not be long before the loud and irresistible expressions of professional and popular approbation for his official greatness and success in this and other medical fields will relieve him from those unjust and odious restraints which now seem to limit the range of his functions, though they cannot, in fact, entirely deprive the sick and wounded national soldier on the field, in the camp, or in quarters, of the fruits of his wisdom and provisionary care. We shall have more to say on this subject.

Order No. 85 is as follows:

GENERAL ORDERS, No. 85. *August* 24, 1863.

The following revised regulations for the organization of the Ambulance Corps, and the management of the Ambulance Trains, are published for the government of all concerned, and will be strictly observed:

1. The Army Corps is the unit of organization for the ambulance corps, and the latter will be organized upon the basis of a Captain as the commandant of the corps, one 1st Lieutenant for each division, one 2d Lieutenant for each brigade, one Sergeant for each regiment.

2. The privates of this corps will consist of two men and one driver to each ambulance, and one driver to each medicine wagon.

3. The two-horse ambulances only will be used, and the allowance, until further orders, to each corps, will be upon the basis of three to each regiment of infantry, two to each regiment of cavalry, one to each battery of artillery, to which it will be permanently attached, and two to the Head-Quarters of each Army Corps, and two army wagons to each Division. Each ambulance will be provided with two stretchers.

4. The Captain is the commander of all the ambulances, medicine and other wagons in the corps, under the immediate direction of the Medical Director of the Army Corps to which the ambulance corps belongs. He will pay special attention to the condition of the ambulances, wagons, horses, harness, &c., and see that they are at all times in readiness for service; that the officers and men are properly instructed in their duties, and that these duties are performed, and that the regulations for the corps are strictly adhered to by those under his command. He will institute a drill in his corps, instructing his men in the most easy and expeditious method of putting men in and taking them out of the ambulances, lifting them from the ground, and placing and carrying them on stretchers, in the latter case observing that the front man steps off with the left foot and the rear man with the right, &c.; that in all cases his men treat the sick and wounded with gentleness and care; that the ambulances and wagons are at all times provided with attendants, drivers, horses, &c.; that the vessels for carrying water are constantly kept clean and filled with fresh water; that the ambulances are not used for any other purpose than that for which they are designed and ordered. Previous to a march he will receive from the Medical Director of the Army Corps his orders for the distribution of the ambulances for gathering up the sick and wounded; previous to, and in time of action, he will receive orders from the same officer where to send his ambulances and to what point the wounded are to be carried. He will give his personal attention to the removal of the sick and wounded from the field in time of action, going from place to place to ascertain what may be wanted; to see that his subordinates (for whose conduct he will be responsible) attend faithfully to their duties in taking care of the wounded, and removing them as quickly as may be found consistent with their safety to the field hospital, and see that the ambulances reach their destination. After every battle he will make a report, in detail, of the operations of his corps to the Medical Director of the Army Corps to which he belongs, who will transmit a copy, with such remarks as he may deem proper, to the Medical Director of this Army. He will give his personal attention to the removal of the sick when they are required to be sent to general hospitals, or to such other points as may be ordered. He will make a personal inspection, at least once a month, of every thing pertaining to the ambulance corps, a report of which will be made to the Medical Director of the Corps, who will transmit a copy to the Medical Director of this Army. This inspection will be minute and made with care, and will not supersede the constant supervision which he must at all times exercise over his corps. He will also make a weekly report, according to the prescribed form, to the same officer, who will forward a copy to the Medical Director of this Army.

5. The 1st Lieutenant assigned to the ambulance corps for a Division, will have complete control, under the Captain of his corps and the Medical Director of the Army Corps, of all the ambulances, medicine and other wagons, horses, &c., and men in that portion of the ambulance corps. He will be the Acting Assistant Quartermaster for that portion of the corps, and will receipt for and be responsible for all the property belonging to it, and be held responsible for any deficiency in any thing appertaining thereto. He will have a traveling cavalry forge, a blacksmith and a saddler, who will be under his orders, to enable him to keep his train in order. His supplies will be drawn from the Depot Quartermaster, upon requisitions approved by the Captain of his corps, and the Commander of the Army Corps to which he

is attached. He will exercise a constant supervision over his train in every particular, and keep it at all times ready for service. Especially before a battle will he be careful that every thing be in order. The responsible duties devolving upon him in time of action, render it necessary that he be active and vigilant, and spare no labor in their execution. He will make reports to the Captain of the corps, upon the forms prescribed, every Saturday morning.

6. The 2d Lieutenant will have command of the portion of the ambulance corps for a brigade, and will be under the immediate orders of the commander of the ambulances for a division, and the injunctions in regard to care and attention and supervision prescribed for the commander of the division he will exercise in that portion of his command.

7. The sergeant will conduct the drills, inspections, &c., under the orders and supervision of the Commander of the ambulances for a brigade, be particular in enforcing all orders he may receive from his superior officer, and that the men are attentive to their duties.

The officers and non-commissioned officers will be mounted. The non-commissioned officers will be armed with revolvers.

8. Two Medical Officers and two Hospital Stewards will be detailed, daily, by roster, by the Surgeon-in-Chief of Division, to accompany the ambulances for the Division, when on the march, whose duties will be to attend to the sick and wounded with the ambulances, and see that they are properly cared for. No man will be permitted, by any line officer, to fall to the rear to ride in the ambulances, unless he has written permission from the senior Medical Officer of his regiment to do so. These passes will be carefully preserved, and at the close of the march be transmitted by the senior Medical Officer with the train, with such remarks as he may deem proper, to the Surgeon-in-Chief of his Division. A man who is sick or wounded, who requires to be carried in an ambulance, will not be rejected, should he not have the permission required; the surgeon of the regiment who has neglected to give it, will be reported at the close of the march, by the senior surgeon with the train, to the Surgeon-in-Chief of his Division. When on the march, one-half of the privates of the ambulance corps will accompany, on foot, the ambulances to which they belong, to render such assistance as may be required. The remainder will march in the rear of their respective commands, to conduct, under the order of the Medical Officer, such men as may be unable to proceed to the ambulances, or who may be incapable of taking proper care of themselves until the ambulances come up. When the case is of so serious a nature as to require it, the surgeon of the regiment, or his assistant, will remain and deliver the man to one of the Medical Officers with the ambulances. At all other times the privates will be with their respective trains. The medicine wagons will, on the march, be in their proper places, in the rear of the ambulances for each Brigade. Upon ordinary marches, the ambulances and wagons belonging to the train will follow immediately in the rear of the Division to which it is attached. Officers connected with the corps must be with the train when on the march, observing that no one rides in any of the ambulances except by the authority of the Medical Officers. Every necessary facility for taking care of the sick and wounded upon the march, will be afforded the Medical Officers by the officers of the ambulance corps.

9. When in camp, the ambulances will be parked by Divisions. The regular roll-calls, reveille, retreat and tattoo, will be held, at which at least one commissioned officer will be present and receive the reports. Stable duty will be at hours fixed by the Captain of the corps, and at this time, while the drivers are in attendance upon their animals, the privates will be employed in keeping the ambulances to which they belong in order, keeping the vessels for carrying water filled with fresh water, and in general police duties. Should it become necessary for a regimental Medical Officer to use one or more ambulances for transporting sick and wounded, he will make a requisition upon the commander of the ambulances for a Division, who will comply with the requisition. In all cases when ambulances are used, the officers, non-commissioned officers and men belonging to them, will accompany them; should one ambulance only be required, a non-commissioned officer as well as the men belonging to it, will accompany it. The officers of the ambulance corps will see that ambulances are not used for any other purpose than that for which they are designed, viz., the transportation of sick and wounded, and in urgent cases only, for medical supplies. All officers are expressly forbidden to use them, or to require them to be used, for any other purpose. When ambulances are required for the transportation of sick or wounded at Division or Brigade Head-Quarters, they will be obtained, as they are needed for this purpose, from the Division train, but no ambulances belonging to this corps will be retained at such Head-Quarters.

10. Good serviceable horses will be used for the ambulances and medicine wagons, and will not be taken for any other purpose except by orders from these Head-Quarters.

11. This corps will be designated for sergeants, by a green band 1½ inches broad around the cap, and chevrons of the same material, with the point toward the shoulder, on each arm above the elbow. For privates, by a band the same as for sergeants around the cap, and a half chevron of the same material on each arm above the elbow.

12. No person except the proper Medical Officers, or the officers, non-commissioned officers and privates of this corps, will be permitted to take or accompany sick or wounded to the rear, either on the march or upon the field of battle.

13. No officer or man will be selected for this service except those who are active and efficient, and they will be detailed and relieved by Corps Commanders only.

14. Corps Commanders will see that the foregoing regulations are carried into effect.

By command of Major General Meade:
S. Williams, *Assistant Adjutant-General.*

The following excellent comments on the above were addressed to the *New York Times*, and published a fortnight ago by "an army surgeon."

The interest which professional men and others have lately shown in an ambulance system for the Union armies, renders it worth while to present to those who may have any share in devising a new scheme, the system now existing in the Army of the Potomac. It is no design of the writer to present this without any defects—or to discourage the zealous and laudable efforts of the men who are desirous to mitigate the sufferings of the sick and wounded soldiers. The object is merely to show them what exists—in order to enable them to remedy its defects, if they observe any—to devise one upon it as a model—or to organize a scheme entirely new and better.

I.—ORGANIZATION.

The organization of the ambulance corps of this army, as given above in General Order, No. 85, Headquarters Army of the Potomac, is as follows: First, the corps is the unit, and the supreme control of the ambulances, as regards their use, is confided to the Medical Director of the army corps.

The ambulances are in the proportion of three to a regiment. Three men are assigned to an ambulance—one driver and two stretcher-bearers. This gives nine men to a regiment, who are commanded by a non-commissioned officer, mounted. The above constitutes the regimental ambulance corps, which, consolidated by brigades, are commanded by a 2d Lieutenant. The brigades are consolidated into divisions commanded by a 1st Lieutenant, who, consequently, has under his command two 2d Lieutenants, fifteen Sergeants, and one hundred and thirty-five men. The three divisions consolidated make the corps commanded by a Captain, under the immediate command of the Medical Director. Add to the above, one light medicine wagon, (Autenrieth's,) and one four-horse supply wagon for each brigade, and you have the full ambulance armament independent of the regimental hospital wagons.

II.—AMBULANCE CAMP AND DISCIPLINE.

The ambulances encamp or park by divisions, and where there are efficient officers, the camp is formed equal to an artillery camp as to the order and discipline of the men, the grooming of the horses, and in all the appliances necessary to keep animals and wagons always effective. Minute inspections by the proper officers are made weekly; negligence, slovenliness or unsoldierly conduct, are punished with the same rigor as in any other arm of the service. The drilling practice of the men is, of course, conducted with a view to their efficiency in their own department.

III.—MARCHING IN ACTIVE CAMPAIGNS.

When a movement is ordered, the sick are taken up by the train of their respective divisions, the regimental hospital wagons are ordered to join the trains, and thus the whole of the hospital appliances of each division, in one compact column, follows close upon its own division, under the command of the Ambulance Officer. Two medical officers, with steward and nurses, are detailed to accompany the train and to take charge of the sick in it. Upon halting, hospital tents to the number sufficient to accommodate the sick, are pitched, a hospital is rapidly established, all the aid necessary being rendered by the ambulance corps. The train and hospital are close to the camp of the division. This plan is continued day after day in a protracted march.

IV.—IN BATTLE.

The train, as above stated, follows close upon its division. When a battle is expected, and the division deploys into line, the train halts in the rear. Now comes the most difficult and trying time of handling an ambulance corps effectively. Those who are interested in devising a system of ambulances must not forget in their theories without experience, this critical time, must bear in mind that without competent and tried officers, without men held under the strictest military rule, their finest scheme will prove a failure, at the time when the services of the ambulance corps are most demanded. The plan of handling the ambulance corps in an action, I can present to them from experience in all the battles fought since the present ambulance system was adopted.

In the first place, the stretcher-bearers march with the regiments to which they belong into the action. The Medical Director, with the Captain of the ambulance corps, are with the General commanding the corps at the front. As soon as the positions into which the divisions in battle will be thrown are ascertained, the Medical Director communicates with the Surgeon-in-Chief of Division, designating the places where the division hospitals are to be located. These hospitals are composed of the hospital tents in the division, together with a house or barn, if available. The ambulances are drawn up between hospitals and the division in front, awaiting orders. One officer of the ambulance train is with the Division Commander, one non-commissioned officer with each brigade. The Medical Officers who accompany the regiments into action take position by brigades, in some sheltered location contiguous to their respective brigades. This position is known to the Sergeant watching the brigade, who directs the wounded with stretcher-bearers thither. The ambulances are ordered up to the same place, to take the wounded to the division hospitals in the rear.

The officer at division headquarters, as soon as the action begins, orders up the ambulances and designates the point to which they are to go. He learns from the Medical Director or corps officer, the various positions and shifting of the troops, and acts accordingly. In this manner the operations of the ambulance corps are conducted throughout the action, and subsequent to it, until all the wounded are removed from the field to the division hospitals in the rear, where they receive professional and all other treatment necessary. I abstain from any description of the division hospitals in the field, my object being to exhibit the ambulance system as it is, and as it has worked in this army. From more than a year's experience in the hard-fought engagements of this army, I can affirm that I have not known wounded to lie on the battle-field two hours after their injuries were received. I must, of course, except the battles of last May, on the south side of the Rappahannock, where the field remained in possession of the enemy; but even there, in one engagement attended with success, I have seen over one thousand wounded within the hospitals of one corps two hours after the battle was over.

I beg to assure men now interested in devising an ambulance system, that any scheme of theirs which will place men in an ambulance corps, not subservient to the strictest military rule, not bound to march as soldiers under fire, with their regiments, will prove a failure. Remove once from officers and men of this corps the conviction that they are soldiers, bound to share the dangers of their comrades in a fight, and the whole scheme—no matter how perfect in form and organization—will prove a disastrous failure, at the very critical time of battle. Civilian nurses were once sent to the army and proved a nuisance; an ambulance corps with any of the civilian privileges and rights about it, will prove a still greater.

Senator Wilson will, ere this reaches our readers, have introduced a bill organizing the ambulance corps for the whole army.

The following are its leading provisions:

1. The supervision of all ambulances, medicine wagons, &c., is vested in the Medical Director or chief medical officer of each army corps.

2. One Captain, one First Lieutenant for each division, one Second Lieutenant for each brigade, one Sergeant for each regiment, three privates for each ambulance, and one private for each medicine wagon, shall be detached by each corps Commander, the officers and non-commissioned officers of such corps to be mounted.

3 Three two-horse ambulances are granted to each regiment of infantry, two to each regiment of cavalry, one to each battery of artillery, two to the headquarters of each army corps, and two army wagons to each division.

4. The fourth section prescribes the duties of the Captain of the corps, and directs the establishment of a drill in service for removing sick and wounded, requiring the exercise of gentleness and care under strict and particular orders of the Medical Director and the Secretary of War.

Sections five and six prescribes the duties of other officers of the corps.

7. The Surgeon-in-Chief of the division is required to detail two medical officers and two hospital stewards to accompany the ambulances when on the march.

8. The use of ambulances is prohibited for any purpose except the conveyance of the sick and wounded, and for medical supplies only in urgent cases.

9. No persons other than those connected with the ambulance corps are allowed to remove the sick and wounded.

NOTES ON NURSING.

VENTILATION.

Do you ever go into the bed-rooms of any persons of any class, whether they contain one, two, or twenty people, whether they hold sick or well, at night, or before the windows are opened in the morning, and ever find the air any thing but unwholesomely close and foul? And why should it be so? And of how much importance it is that it should not be so? During sleep, the human body, even when in health, is far more injured by the influence of foul air than when awake. Why can't you keep the air all night, then, as pure as the air without in the rooms you sleep in? But for this you must have sufficient outlet for the impure air you make yourselves to go out; sufficient inlet for the pure air from without to come in. You must have open chimneys, open window or ventilator; no close curtains round your beds; no shutters or curtains to your windows, none of the contrivances by which you undermine your own health or destroy the chances of recovery of your sick.

A careful nurse will keep a constant watch over her sick, especially weak, protracted, and collapsed cases, to guard against the effects of the loss of vital heat by the patient himself. In certain diseased states much less heat is produced than in health, and there is a constant tendency to the decline and ultimate extinction of the vital powers by the call made upon them to sustain the heat of the body. Cases where this occurs should be watched with the greatest care from hour to hour, I had almost said from minute to minute. The feet and legs should be examined by the hand from time to time, and whenever a tendency to chilling is discovered, hot bottles, hot bricks, or warm flannels, with some warm drink, should be made use of until the temperature is restored. The fire should be, if necessary, replenished. Patients are frequently lost in the latter stages of disease from want of attention to such simple precautions.—The nurse may be trusting to the patient's diet, or to his medicine, or to the occasional doses of stimulant which she is directed to give him, while the patient is all the while sinking from want of a little external warmth. Such cases happen at all times, even during the height of summer. This fatal chill is most apt to occur toward early morning at the period of the lowest temperature of the twenty-four hours, and at the time when the effects of the preceding day's diets is exhausted.

Generally speaking, you may expect that weak patients will suffer much more in the morning than in the evening. The vital powers are much lower. If they are feverish at night, with burning hands and feet, they are almost sure to be chilly and shivering in the morning. But nurses are very fond of heating the foot-warmer at night, and of neglecting it in the morning, when they are busy. I should reverse the matter.

All these things require common sense and care. Yet perhaps in no one single thing is so little common sense shown, in all ranks, as in nursing. With private sick, I think, but certainly with hospital sick, the nurse should never be satisfied as to the freshness of the atmosphere, unless she can feel the air gently moving over her face, when still.

But it is often observed that the nurses who make the greatest outcry against open windows, are those who take the least pains to prevent dangerous draughts. The door of the patients' room or ward *must* sometimes stand open to allow of persons passing in and out, or heavy things being carried in and out. The careful nurse will keep the door shut while she shuts the windows, and then, and not before, set the door open, so that a patient may not be left sitting up in bed, perhaps in a profuse per-

spiration, directly in the draught between the open door and window. Neither, of course, should a patient, while being washed or in any way exposed, remain in the draught of an open window or door.

The extraordinary confusion between cold and ventilation, even in the minds of well-educated people, illustrates this: To make a room cold it is by no means necessarily to ventilate it. Nor is it at all necessary, in order to ventilate a room, to chill it. Yet, if a nurse finds a room close, she will let out the fire, thereby making it closer, or she will open the door into a cold room, without a fire, or an open window in it, by way of improving the ventilation. The safest atmosphere of all for a patient is a good fire and an open window, excepting in extremes of temperature. (Yet no nurse can ever be made to understand this.) To ventilate a small room without draughts, of course requires more care than to ventilate a large one. Another extraordinary fallacy is the dread of night air. What air can we breathe at night but night air? The choice is between pure night air from without and foul night air from within. Most people prefer the latter. An unaccountable choice. What will they say if it is proved to be true that fully one-half of all the disease we suffer from is occasioned by people sleeping with their windows shut? An open window most nights in the year can never hurt any one. This is not to say that light is not necessary for recovery. In great cities, night air is often the best and purest air to be had in the twenty-four hours. I could better understand in towns shutting the windows during the day than during the night, for the sake of the sick; the absence of smoke, the quiet, all tend to making night the best time for airing the patients. One of our highest medical authorities on Consumption and Climate has told me that the air in London is never so good as after ten o'clock at night.

Always air your room, then, from the outside air, if possible. Windows are made to open; doors are made to shut—a truth which seems extremely difficult of apprehension. I have seen a careful nurse airing her patient's room through the door, near to which were two gaslights, (each of which consumes as much air as eleven men,) a kitchen; a corridor, the composition of the atmosphere in which consisted of gas, paint, foul air, never changed, full of effluvia, including a current of sewer air from an ill-placed sink, ascending in a continual stream by a well-staircase, and discharging themselves constantly into the patient's room. The window of the said room, if opened, was all that was desirable to air it. Every room must be aired from without—every passage from without. But the fewer passages there are in a hospital the better.

If we are to preserve the air within as pure as the air without, it is needless to say that the chimney must not smoke. Almost all smoky chimneys can be cured—from the bottom, not from the top. Often it is only necessary to have an inlet for air to supply the fire, which is feeding itself, for want of this, from its own chimney. On the other hand, almost all chimneys can be made to smoke by a careless nurse, who lets the fire get low and then overwhelms it with coal; not, as we verily believe, in order to spare herself trouble, (for very rare is unkindness to the sick,) but from not thinking what she is about.

In laying down the principle that the first object of the nurse must be to keep the air breathed by her patient as pure as the air without, it must not be forgotten that every thing in the room which can give off effluvia, besides the patient, evaporates itself into his air. And it follows that there ought to be nothing in the room excepting him, which can give off effluvia or moisture. Out of all damp towels, &c., which become dry in the room, the damp, of course, goes into the patient's air. Yet this "of course" seems as little thought of, as if it were an obsolete fiction. How very seldom you see a nurse who acknowledges by her practice that nothing at all ought to be aired in the patient's room, that nothing at all ought to be cooked at the patient's fire! Indeed the arrangements often make this rule impossible to observe.

If the nurse be a very careful one, she will, when the patient leaves his bed, but not his room, open the sheets wide, and throw the bedclothes back, in order to air his bed. And she will spread the wet towels or flannels carefully out upon a horse, in order to dry them. Now, either these bed-clothes and towels are not dried and aired, or they dry and air themselves into the patient's air. And whether the damp and effluvia do him most harm in his air or in his bed, I leave you to determine, for I cannot.

Even in health, people cannot repeatedly breathe air in which they live with impunity, on account of its becoming charged with unwholesome matter from the lungs and skin. In disease where every thing given off from the body is highly noxious and dangerous, not only must there be plenty of ventilation to carry off the effluvia, but every thing which the patient passes must be instantly removed away, as being more noxious than even the emanations from the sick.

Of the fatal effects of the effluvia from the excreta it would seem unnecessary to speak, were they not so constantly neglected. Concealing the utensils behind the vallance to the bed seems all the precaution which is thought necessary for safety in private nursing. Did you but think for one moment of the atmosphere under the bed, the saturation of the under side of the mattress with the warm evaporations, you would be startled and frightened too!

The use of any chamber utensil *without a lid* should be utterly abolished, whether among sick or well. You can easily convince yourself of the necessity of this absolute rule, by taking one with a lid, and examining the under side of that lid. It will be found always covered, whenever the utensil is not empty, by condensed offensive matter. Where does that go, when there is no lid?

Earthenware, or if there is any wood, highly polished and varnished wood, are the only materials fit for patients' utensils. The very lid of the old abominable close-stool is enough to breed a pestilence. It becomes saturated with offensive matter, which scouring is only wanted to bring out. I prefer an earthenware lid as being always cleaner. But there are various good new-fashioned arrangements.

A slop-pail should never be brought into a

sick room. It should be a rule invariable, rather more important in the private house than elsewhere, that the utensil should be carried directly to the water-closet; emptied there, rinsed there, and brought back. There should always be water and a cock in every water-closet for rinsing. But even if there is not, you must carry water there to rinse with. I have actually seen, in the private sick room, the utensils emptied into the foot-pan, and put back unrinsed under the bed. I can hardly say which is most abominable, whether to do this or to rinse the utensil *in* the sick room. In the best hospitals it is now a rule that no slop-pail shall ever be brought into the wards, but that the utensils shall be carried direct to be emptied and rinsed, at the proper place. I would it were so in the private house.

Let no one ever depend upon fumigations, "disinfectants," and the like, for purifying the air. The offensive thing, not its smell, must be removed. A celebrated medical lecturer began one day, "Fumigations, gentlemen, are of essential importance. They make such an abominable smell that they compel you to open the window." I wish all the disinfecting fluids invented made such an "abominable smell" that they forced you to admit fresh air. That would be a useful invention.—*Miss Nightingale.*

CHRONIC DIARRHŒA.

The pathology of this disease—ulceration of both small and large intestines—points out the proper treatment. You must nourish the patient with food that is easily assimilated. He should take plenty of eggs—tender beef steak, mutton chops—*good stale bread*—sweet milk—and but very few if any vegetables; green tea (genuine) and *not coffee*. He should always lie down after eating; walking would be injurious, but riding in a carriage, or rail-car, beneficial.

Thorough mastication of the food must be insisted on. The drink should be hot tea, not cold water; whiskey or malt liquors only in case of extreme emaciation and weakness. He should lie down flat on his back while in doors—and ride in wheel carriages when in the open air.

The best medicines are oil of turpentine ten drops every four hours, or ¼ gr. nitrate of silver in one drachm of glycerine every four hours, or twenty five drops of laudanum at bed time, (*when it does not nauseate*, or *nothing.*)

A writer in the *London Medical Times and Gazette* for Oct. 31st, 1863, speaking of the influence of drainage and good water upon the health of cities, says, that in the case of Salisbury, Eng., the average annual number of deaths for the last eight (8) years preceding the completion of the drainage, (excluding the cholera year,) was 243, or 27 in 1,000. and for the same period since 193, or 21 in 1,000, *an actual reduction of almost one-fourth of the whole number.*

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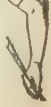

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☞ Soldiers' Aid Societies, clergymen, editors, and others, can scarcely serve the cause of humanity more effectually than by frequently and widely disseminating a knowledge of the above, among those who have friends in the army.

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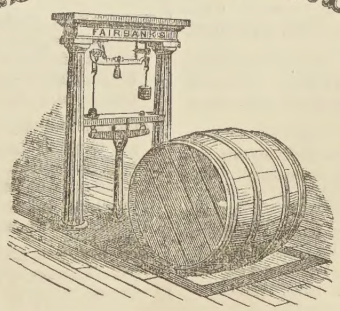

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